



City of Bellevue

115 E Pine Street

P. O. Box 825, Bellevue, ID 83313
208-913-0186 Fax 208-788-2092

Design Review Extension

| Applicant Information | | | |
|--|---------------------------------------|-----------------------------|------------|
| Business / Project Name: | | | |
| Owner / Applicant Name: | | | |
| Phone #: | Fax #: | email: | |
| Service Location: | | | |
| Mailing Address: | | | |
| Property Physical Address: | | | |
| Property Legal Description: | | | |
| Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Other | | | |
| Current Zoning: <input type="checkbox"/> Business <input type="checkbox"/> Limited Business/Res <input type="checkbox"/> Light Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Transitional | | | |
| Project Description | | | |
| Business / Project Description: | | | |
| Existing Sq Ft: | New Sq Ft: | Total Sq. Ft: | Lot Sq Ft: |
| Living Quarters Included? <input type="checkbox"/> No <input type="checkbox"/> Yes , please describe: _____ | | | |
| Parking Requirements: (See City Code- Zoning Regulations Title 10) _____ | | | |
| Extension | | | |
| Fee: \$75.00 | | | |
| Estimated time to completion: _____ | | | |
| NOTE- extensions are ONLY valid for 180 days from the date of expiration | | | |
| I hereby acknowledge that I have filled in this application accurately to the best of my knowledge and that I agree to comply with all City ordinances and State laws regulating building construction to the City of Bellevue, Idaho. | | | |
| X _____ | | Date: _____ / _____ / _____ | |
| Signature of Contractor, Owner, or Authorized Agent | | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied _____ | Date: _____ / _____ / _____ | |
| Official Use Only | | | |
| Date Received: _____ Check #: _____ CD Signature: _____ | | | |